

## INFLUENZA VACCINATION CONSENT FORM

Circle one

1. Are you 19 years of age or older?

YES NO

If no, please have a parent sign for minor OR have power of attorney form available OR have parent on the phone to give consent.

YES NO

2. Have you ever in your life received a flu vaccine?

YES NO

3. Do you have a fever or active infection today?

YES NO

4. Do you have a history of Guillain-Barre Syndrome (severe paralytic illness)?

5. Do you have a severe (life threatening) allergy to the following?

YES NO

A. Eggs?

YES NO

B. Thimerosal (mercury derivative)?

YES NO

6. Have you had a severe allergic reaction to any vaccine?

If yes, explain: \_\_\_\_\_

Please indicate:      **STUDENT**      **FACULTY**      **STAFF**

"I have had a chance to ask questions that were answered to my satisfaction. I believe that I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or to the person named below for whom I am authorized to make this request."

**NET ID:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NAME:** \_\_\_\_\_  
LAST FIRST MI

**ONLY NEED TO COMPLETE IF YOUNGER THAN 19 YEARS OLD:**

**X** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **Patient OR**  
**Parent/Guardian Signature**

**IF UNDER 19 YEARS OF AGE CONSENT GIVEN BY: MOTHER/FATHER/GUARDIAN/POA/TELEPHONE CONSENT**

**SIGNATURE OF STAFF** \_\_\_\_\_

Lot:

Exp:

Injection site: L / R deltoid

VIS Given 1/31/2025

Administered By: \_\_\_\_\_ **DATE:** \_\_\_\_\_